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AFFIDAVIT OF LAUREN PETIT, ESQ.

I, Lauren Petit, do hereby swear and depose:

1. I am co-counsel for Mr. Reaves.
2. My office filed a petition for medical parole on behalf of Mr. Reaves on June 28, 2018, on the basis of his permanent physical incapacity due to quadriplegia. The parole plan proposed in the petition was for Mr. Reaves to be placed at Tewksbury Hospital. Subsequently, it was determined that Mr. Reaves could not go to Tewksbury Hospital, requiring creation of a new parole plan.
3. At the time of the petition, and until the Supreme Judicial Court's January 28, 2020 decision in *Buckman v. Commissioner*, DOC required the petitioner to create his own medical parole plan. Accordingly, it is Plaintiff's understanding that DOC took no steps to find any placement for Mr. Reaves, at least until this Court's Order of July 31, 2019.
4. DOC's position meant that the petition could not be allowed without Mr. Reaves submitting a finalized parole plan, which Plaintiff was still working on. The Commissioner is required to issue a written decision on a petition within 45 days of receiving it. In order to avoid a denial of the petition by default, and after the Commissioner refused to issue a conditional grant of parole, Plaintiff stayed his petition on August 8, 2018, after it had been with the Commissioner's office for 36 days. The Commissioner has made at least two conditional grants of medical parole to other prisoners since that time. Plaintiff lifted the stay on his

petition in writing on January 16, 2020, simultaneous to submitting the information about his current parole plan. Nine days after that, on January 25, the Commissioner's decision was due under the statutory deadline.

5. Plaintiff continued to try to create a viable parole plan, mainly focusing on a nursing facility in Western Massachusetts and iCare, a company that runs several nursing facilities in Connecticut. iCare facilities routinely accept patients who have recently left prison or jail in Connecticut. Plaintiff has been in regular communication with various administrators in iCare, including Chief Operating Officer Mike Landi, to facilitate their consideration of Mr. Reaves as a patient. iCare staff met with Mr. Reaves, reviewed current Shattuck Hospital records, Spaulding Hospital records and records from MCI Shirley and spoke to Shattuck providers about Mr. Reaves' care.
6. The Shattuck records reviewed by iCare reflected that Mr. Reaves regularly ate the vegetarian meals provided to him, consistently participated in physical therapy, psychiatry appointments and bathing.
7. iCare recommended three of their facilities as best suited to care for Mr. Reaves. Of the three, Plaintiff focused on Fresh River Healthcare in East Winsor, because there was some hope that Massachusetts Medicaid could cover Mr. Reaves' initial time there prior to his being accepted to Connecticut Medicaid.
8. Fresh River offers 24 hour nursing, nutrition care, physical, occupational and recreational therapy, wound care and psychiatry. They are committed to ensuring Mr. Reaves' access to the outdoors and to obtaining any necessary equipment to care for him.
9. iCare has a staff physiatrist who works in each of their ten facilities. He is Board certified in physical medicine and rehabilitation, though not in spinal cord injury care.

10. I have reached out to Gaylord Specialty Care, a hospital nearby that specializes in spinal cord injury care, to set up acceptance of Mr. Reaves as an outpatient for spinal cord injury specialty care there. Dr. Leslie Morse, Plaintiff's consulting expert, is familiar with the outpatient director and connected us for this purpose. She is confident that this arrangement would adequately provide for Mr. Reaves' spinal cord injury care needs.
11. The nursing facility has stated its willingness to work with Gaylord to ensure that facility staff are trained to provide appropriate care for Mr. Reaves' needs; indeed they have worked in concert with Gaylord on other patients and the iCare physiatrist was previously employed at Gaylord.
12. Mr. Reaves initially had reservations about this parole plan. Counsel arranged for Mr. Reaves to regularly meet with Dr. Robert McMackin, a Shattuck psychologist who has worked with Mr. Reaves for decades, to assist Mr. Reaves in making a reasoned decision. Counsel also suggested that Mr. Reaves discuss the matter with family, however he has been frustrated in this effort because as of late February, DOC had not provided him with a Cap-Tel phone that he could effectively use to hear his family members. However the meetings with Dr. McMackin have been helpful and on February 25, Dr. McMackin and I met together with Mr. Reaves and he agreed that this parole plan should move forward.
13. Stephanie Collins has stated that after the Court's Order, DOC directed their medical contractor to try to find placement for Mr. Reaves. It is my understanding that that effort has been coordinated by Christina Devincent, a Wellpath employee who had never met Mr. Reaves until she came to his cell on October 4, 2019, the day that iCare staff were there to meet with him. Further, I understand that her attempts to place Mr. Reaves have consisted of

Lauren Petit, Esq.